

# **Governor's Medical Advisory Committee for Post-Peak COVID-19 Response**

**Governor's Report**



**April 17, 2020**

# **Presented to Governor Asa Hutchinson April 17, 2020**

## **Committee Members**

**Dr. Nathaniel Smith** – Secretary of Health (Chair)

**Dr. Jose Romero** – ADH Chief Medical Officer and Chief of Pediatric Infectious Disease at University of Arkansas for Medical Sciences (UAMS)/Arkansas Children's Hospital

**Dr. Naveen Patil** – ADH Medical Director for Infectious Disease

**Dr. Jennifer Dillaha** – ADH State Epidemiologist

**Dr. Austin Porter** – ADH Deputy Chief Science Officer and Assistant Professor at the UAMS College of Public Health

**Dr. Greg Bledsoe** – Surgeon General of Arkansas

**Dr. Jerrilyn Jones** – ADH Medical Director for Preparedness and Response and Associate Professor of Emergency Medicine at UAMS

**Dr. Sam Greenfield** – ADH Medical Director for Family Health and Professor of Obstetrics and Gynecology at UAMS

The first meeting of the Governor's Medical Advisory Committee for Post-Peak COVID-19 Response (the committee) occurred on April 14, and the committee met on April 15, 16 and 17. Discussions are documented in the minutes. Documents reviewed and summarized include:

- American Enterprise Institute's National Coronavirus Response: A Road Map to Reopening
- Work for America
- California's Roadmap to Modify the Stay-at-Home Order
- A New Strategy for Bringing People Back to Work During COVID-19 (Chen, Kocher, Roy)
- Opening Up America Again

Major common themes from these sources include the need for appropriate timing, the need for adequate capacity, an incremental approach, and the need for careful surveillance and reversal if COVID-19 transmission increases substantially. There is also a recognition that not all areas of the US and not all areas of Arkansas have been impacted to the same extent by COVID-19, that different geographic regions have variable readiness for reopening, but that actions must be coordinated within regions and across the nation. Reopening our society and economy involves some risk of increased COVID-19 transmission, but this risk can be mitigated to some extent with careful planning.

Priorities for post-peak response include the following:

- Restoring the Arkansas economy in a timely fashion
- Protecting the most vulnerable (those who are elderly or have underlying medical conditions)
- Maintaining adequate health care and public health capacity
- Preventing resurgence of COVID-19 in our communities

Several of the documents we reviewed defined phases of "reopening" or post-peak response. The phases described in "Opening Up America" are clearly defined and useful for our purposes. For each stage of post-peak response there are "triggers" or "gating criteria," as well as required capacity. The gating criteria for phase 1 include at least 14 days of downward trajectory of symptomatic individuals and confirmed cases, as well as adequate hospital capacity. Required capacity includes the ability to monitor COVID-like symptoms through ILI (influenza-like illness) and syndromic surveillance; the ability to test all symptomatic individuals; and the ability to perform contact tracing on all new cases.

### **Where is Arkansas at this time?**

Although the number of new cases per day and hospitalized patients have stabilized, we have not yet seen a consistent downward trend for 14 days, and predictive models do not anticipate our COVID-19 epidemiologic curve to crest for at least another 2 weeks. We have adequate hospital beds, ICU beds, and ventilator capacity to meet anticipated needs. Our testing capacity remains limited, but we are now able to offer testing to all symptomatic patients. We are able to monitor COVID-like syndromes through our influenza surveillance system. We are rapidly expanding our capacity for large-scale contact tracing and have specialized teams in place to perform rapid contact investigations in congregate settings like nursing homes and prisons. By early May we expect to meet all the gating criteria for phase 1.

## **What can we do to prepare for reopening now?**

It is essential that we continue to reinforce the behavioral changes that have been so successful in enabling Arkansas to flatten the curve and beat the projections. These include physical distancing, hand washing, staying at home when ill, avoiding groups of more than 10, avoiding nonessential travel, and wearing cloth face coverings in public settings where physical distancing is difficult to maintain. Because Arkansas chose a more targeted approach to COVID-19 mitigation rather than implement a “stay at home” order, we are already further along in the process and have learned how to conduct business and essential travel more safely.

Restaurants and other indoor venues can begin planning how to operate under strict physical distancing protocols. Employers can develop and implement appropriate policies to monitor employees and visitors for symptoms and temperature checks, disinfect high traffic areas, provide hand sanitizer and personal protective equipment (when needed), and limit unnecessary travel. Businesses can begin acquiring equipment and supplies they may need to successfully limit COVID-19 transmission.

Due to decreased patient visits and suspension of elective procedures, many hospitals and other health care facilities are operating at reduced capacity, decreased revenue, and lower staffing levels. To adequately care for patients with COVID-19, as well as other medical and surgical conditions, we need a robust and fully staffed health care system. Safely reinstating elective procedures and building confidence in our hospitals and other health care facilities are a high priority. We should explore ways to make progress toward these goals even before we are able to meet gateway criteria for phase 1.

We should also begin evaluating the targeted directives and guidance provided by the Arkansas Department of Health and explore ways to safely modify these restrictions to allow more business activity and services. There may be ways to safely progress even during the period of stable levels of COVID-19 transmission preceding the eventual decline. Just as Arkansas was a leader in our data-driven, targeted approach to implementing restrictions, we may have the opportunity to take the lead in data-driven, targeted approaches to relaxing some of these restrictions.

## **Should Arkansas take a statewide or county-level approach to reopening?**

Current maps of active and incident COVID-19 cases in Arkansas demonstrate a high degree of variability in disease activity from county to county, with low population density areas generally faring better than more highly populated areas. There are also areas of higher incidence adjacent to Memphis, TN. At the same time, we have seen the explosive potential for COVID-19 transmission even in rural areas like Cleburne County. A county by county approach may be appropriate for relaxing some restrictions, but this will need to be done thoughtfully and carefully and in a centrally coordinated fashion.

## **Summary**

Although the scope of the committee is broad, and the discussions so far have been wide-ranging, for this initial report to the Governor, we have focused on identifying an overarching framework for reopening and recovery, defining the gateway criteria for phase 1, better understanding the geographic variability within our state with regard to COVID-19 transmission, and beginning a careful analysis of our targeted restrictions with an eye to initiating the process of safely modifying or removing them.

For more information visit [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov)

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